

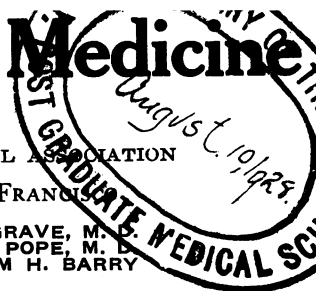
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ORIGINAL ARTICLES

RESPONSIBILITY FOR STATEMENTS AND CONCLUSIONS IN ORIGINAL ARTICLES

The author of an article appearing in the JOURNAL is entirely responsible for all statements and conclusions. These may or may not be in harmony with the views of the editorial staff. Furthermore, authors are largely responsible for the language and method of presenting their subjects. All manuscripts will be carefully read, but editorial privileges will be exercised only to a very limited extent. It is believed that the manner of presentation of any subject by any author determines to no small degree the value of his conclusions. Therefore, both the author and the reader, in our opinion, are entitled to have the subject as presented by the author as little disturbed as possible by the editors. However, the right to reduce or reject any article is always reserved.

ERYTHEMA INDURATUM*

(Report of a case treated with tuberculin and the Kromayer Lamp.)

By H. E. ALDERSON, M. D. and H. C. COE, M. D.
(From the skin clinic, Stanford University Medical School, San Francisco.)

This case of erythema induratum is reported because of the good results obtained in treatment with tuberculin and ultraviolet light.

The patient, an American schoolgirl, referred by P. H. Pierson, complained of ulcers on both legs of two months' duration. The lesions had first appeared as nodules in the skin, which were neither painful nor tender. These nodules gradually broke down, leaving indolent ulcers characteristic of the disease.

The family history disclosed the fact that the father had had similar ulcers on his legs thirty years ago. There was no history of syphilis or tuberculosis in the family. The patient had never been in contact with tuberculosis, as far as she knew. There was nothing in the patient's past history which could influence her present illness.

Physical examination showed a well-developed, very well nourished young woman 16 years of age. The pulse and temperature were normal. The thyroid gland was slightly enlarged, but there were no signs of toxicity. In the right anterior cervical region there was an enlarged lymph gland, about

1 cm. in diameter. It was firm and not adherent to surrounding structures. The tonsillar fossae were clean. Tonsillectomy had been thoroughly done nine years prior to examination. The heart and circulation were normal. There was some harshness to the breath sounds at both hilus regions; otherwise, the lungs were negative and the abdomen and extremities presented nothing abnormal excepting the leg ulcers.

The ulcers were situated on the lower third of both legs. There were four on the left leg (two on the anterior surface, one on the medial aspect, and another on the posterior surface). There was one ulcer on the anterior surface of the right leg. They were irregularly annular in shape, and about 4 cm. in diameter. The ulcers were fairly deep, the edges somewhat raised and crusted, but fairly clean-cut. The bases were covered with a sero-sanguineous exudate and some necrotic tissue. They were not tender nor acutely inflamed.

Laboratory examinations showed a normal blood count and a negative urine. The Wassermann test was negative in two laboratories. Smears were made from the edges of the ulcers and stained for tubercle bacilli, but none were found.

X-ray plates of the chest showed calcified glands at each hilus and a pleural scar across the apex. This, with the enlarged cervical gland pointed toward past tuberculosis.

The history and appearance of the lesions established the diagnosis of erythema induratum (Bazin). The patient was given a course of tuberculin injections as outlined below by P. H. Pierson, and we administered the Kromayer lamp treatment.

Tuberculin O. T. was given in increasing doses, the dosage being regulated according to local and focal reactions and the patient's temperature. The dosage varied from .001 mgms. to .02 mgms. The smaller doses were given three times a week and the larger ones twice a week.

The Kromayer lamp was applied twice a week without lens, the window of the lamp being held as closely as possible to the ulcer without actual contact. The exposure was for 15 seconds.

About two weeks after beginning treatment a focal reaction was noticed about the ulcers. They became larger and were surrounded by a zone of hyperemia. The patient said the lesions were painful and they were tender to touch. A month later the edges of the ulcers were clean and smooth, healthy granulations covered the bases, and epithelium began to grow in from the edges. In four months the lesions were completely healed. The

* Read before Section on Dermatology at the State meeting, at San Francisco, June 22, 1923.

BOOK REVIEWS

Non-Surgical Drainage of the Gall-Tract. A treatise concerned with the diagnosis and treatment of certain diseases of the biliary and allied systems, in their relation to gastro-enterology and general clinical medicine. By B. B. Vincent Lyon, M. D. 640 pages. Illustrated. Philadelphia and New York: Lea & Febiger. 1923. Price, \$10.

Although this volume of 623 pages is entitled the non-surgical drainage of the gall-tract, the author states in his preface that he has two major purposes, the first to present to the medical profession in more complete form the diagnostic and therapeutic value of non-surgical drainage of the biliary system, etc., and the second to present the author's plan of a systematic and practical method of studying the gastro-intestinal tract as a whole. He then proceeds at great length and in great detail to accomplish his major purpose, with here and there a pause for the development of some minor purpose, such as a six or seven-page discussion of Giardiasis infection.

Approximately 150 pages are devoted to the diagnostic and therapeutic uses of non-surgical drainage of the gall-tract, with an additional 123 pages of illustrative case histories.

There can be no question but that this procedure has a definite place in the study and treatment of biliary tract disease, but it remains for the future to determine its exact value. From the diagnostic standpoint, the procedure requires extreme care and attention to detail, as emphasized by the author, but even then I fear the findings, especially the bacteriologic, may be misleading.

The remainder of the book is devoted to chapters on the embryology, anatomy, histology, and physiology of the biliary system and to various chapters dealing with methods of study and treatment of gastro-intestinal condition in general and biliary-tract conditions in particular.

The whole subject matter is well presented, but I believe would have been of greater service if the author had kept strictly to the first of his major purposes, reserving the second for a separate volume. W. W. B.

A Manual of Proctology. By T. Chittenden Hill. 279 Pages. Illustrated. Philadelphia and New York: Lea & Febiger. 1923. Price \$3.25.

A short practical compendium, containing considerable information and considerable misinformation. Some of its statements are founded on hearsay evidence accepted by the author with too little inquiry. However, the book tells what to do and how to do it in a simple and readable way, so that it will probably find a large audience. L. E.

Alcohol and Prohibition, In Their Relation to Civilization and the Art of Living. By Victor G. Vecki, M. D. Philadelphia and London: J. B. Lippincott Company.

This book ought to have a wide circulation; certainly every physician ought to read it, and other citizens will find much in it to think about. Not all physicians will agree with everything that Vecki says, but they certainly will give him credit for an honest expression of opinions, presented in an interesting and attractive manner. W. E. M.

The Tonsils—Faucial, lingual, and pharyngeal. With some account of the posterior and lateral pharyngeal nodules. By Harry A. Barnes, M. D. Second edition, 217 pages. Illustrated. St. Louis: C. V. Mosby Co. 1923. Price \$5.

This is a well-edited, readable book. The chapters

on histology and pathology are excellent and much the strongest. The chapters on surgery are not of the same high standard and all will not agree with the author's views on the relative merits of local and general anesthesia, methods of inducing local anesthesia, position of patient during operation, and methods of controlling post-operative hemorrhage.

A Primer for Diabetic Patients. A brief outline of diabetic treatment including directions for the use of insulin, sample menus, recipes, and food tables. By Russel M. Wilder, M. D., Mary A. Foley, Dietician, and Daisy Ellithorpe, Dietician. Second edition, 119 pages. Philadelphia: W. B. Saunders Co. 1923.

An excellent little manual. It tells the patient exactly what he should know. He has a homely way of putting information that is peculiar to the Mayos. It is equally well suited to a diabetic college professor or a diabetic Minnesota farmer. L. E.

BOOKS RECEIVED

Alcohol and Prohibition in their Relation to Civilization and the Art of Living. By Victor G. Vecki, M. D., San Francisco. Philadelphia and London: J. B. Lippincott Co.

Collected Reprints, from the George Williams Hooper Foundation for Medical Research. The Department of Medical Research of the University of California Medical School, San Francisco. Volume VII, 1922-1923.

Hygiene and Public Health. By Louis C. Parkes, M. D., Consulting Sanitary Adviser to H. M. Office of Works, Fellow of the Royal Sanitary Institute, and Henry R. Kenwood, C. M. G., M. B., Chadwick Professor of Hygiene in the University of London. Seventh edition with illustrations. Philadelphia: P. Blakiston's Son & Co., 1923.

Mental Disorders, an Introduction to the Study of. By Francis M. Barnes, Jr., M. D., Associate Professor of Nervous and Mental Diseases in the St. Louis University Medical School, etc. Second Edition. St. Louis: C. V. Mosby Co., 1923.

Diagnostic Methods. A guide for history taking, making of routine physician examinations and the usual laboratory tests necessary for students in clinical pathology, hospital internes and practicing physicians. By Herbert Thomas Brooks, M. D., Professor of Clinical Medicine, College of Medical Evangelists, Los Angeles, formerly Professor of Pathology, College of Medicine, University of Tennessee. Fourth edition, with fifty-two illustrations. St. Louis: C. V. Mosby Co., 1923.

Modern Aspects of the Circulation in Health and Disease. By Carl J. Wiggers, M. D., Professor of Physiology in the School of Medicine of Western Reserve University, Cleveland Ohio. Second edition, thoroughly revised. Illustrated with 204 engravings. Lea & Febiger, Philadelphia and New York, 1923.

A Treatise on Orthopaedic Surgery. By Royal Whitman, M. D., Surgeon to the Hospital for Ruptured and Crippled; Consulting Orthopaedic Surgeon to the Hospital of St. John's Guild, etc., seventh edition thoroughly revised. Illustrated with 877 engravings. Lea & Febiger, Philadelphia and New York, 1923.

Local Anaesthesia Methods and Results in Abdominal Surgery. By Hans Finsterer, Surgeon-in-Chief, Vienna Hospital of the Brothers of Charity,

Authorized English version by Joseph P. F. Burke, M. D., Attending Surgeon, Buffalo Hospital of the Sisters of Charity and Buffalo City Hospital. Forty-two illustrations. New York: Rebman Co.

The Medical Department of the United States Army in the World War, Volume V. Military Hospitals in the United States. Prepared under the direction of Maj. Gen. M. W. Ireland, M. D., Surgeon General of the Army, by Lieut. Col. Frank W. Weed, M. C., U. S. Army. Washington: Government Printing Office, 1923.

A Critical Examination of Psycho-Analysis. By A. Wohlgemuth, D. Sc. (Lond.) New York: The Macmillan Co., 1923.

Diseases of the Skin. By Richard L. Sutton, M. D., Professor of Diseases of the Skin, University of Kansas School of Medicine; former chairman of Dermatological Section of the American Medical Association; Assistant Surgeon, U. S. Navy, retired. With 1069 illustrations and 11 colored plates. Fifth edition, revised and enlarged. C. V. Mosby Co., St. Louis, 1923.

Nutrition and Clinical Dietetics. By Herbert S. Carter, M. D., Assistant Clinical Professor of Medicine, Columbia University, Consulting Physician to Presbyterian Hospital, Lincoln Hospital, Skin and Cancer Hospital, New York; Paul E. Howe, Ph. D., Associate, Rockefeller Institute for Medical Research; Howard H. Mason, M. D., Associate in Diseases of Children, Columbia University, New York, Visiting Physician, Children's Service, Presbyterian Hospital, New York. Third edition, thoroughly revised. Lea & Febiger, Philadelphia and New York, 1923.

A Manual of Proctology. By T. Chittenden Hill, M. D., Instructor in Proctology, Harvard Graduate School of Medicine, surgeon to Rectal department, Boston Dispensary. Illustrated with 84 engravings. Lea & Febiger, Philadelphia and New York, 1923.

The Treatment of Diabetes Mellitus, with observations based upon three thousand cases. By Elliott P. Joslin, M. D., Clinical Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital. Third edition, enlarged, revised and rewritten. Illustrated. Lea & Febiger, Philadelphia and New York, 1923.

Diseases of the Skin. By Frank Crozer Knowles, M. D., Professor of Dermatology, Jefferson Medical College; Dermatologist to the Philadelphia General, The Presbyterian, The Children's and The Babies' Hospitals. Second edition, thoroughly revised. With 229 illustrations and 14 plates. Lea and Febiger, Philadelphia and New York, 1923.

Kurzes Lehrbuch der Chemie in Natur und Wirtschaft, von Prof. Carl Oppenheimer, Dr. phil. et. med., Berlin, nebst einer Einführung in die Allgemeine Chemie, von Prof. Johann Matula in Wien. Georg Thieme, Verlag, Leipzig, 1923.

Über Hysterie, von Dr. Ernst Kretschmer, Privatdozent für Psychiatrie in Tübingen. Leipzig, 1923. Verlag von Georg Thieme.

Medizinische Psychologie, Ein Leitfadens für Studium und Praxis, von Dr. Ernst Kretschmer. Zweite Auflage. Mit 22 Abbildungen. Leipzig, 1922. Georg Thieme, Verlag.

Diagnostische Technik für die ärztliche Praxis, ein Handbuch für Ärzte und Studierende. Herausgegeben von Professor Dr. Julius Schwalbe Geh. San.-Rat Mit 380 Abbildungen. Leipzig, 1923, Verlag von Georg Thieme.

HOSPITAL EXTENSION WORK

The following schedule of operative and dry clinics in the teaching schools and accredited hospitals of California will be found of service to graduate physicians in general practice who desire to avail themselves of the opportunity for observation and study:

Stanford University Hospital, San Francisco

(Operative Clinics)

Practical work in clinics and laboratories open to physicians during July, August, and September.

Surgery—Tuesday, 8 a. m. to 12 m.; 1:30 p. m. Thursday, 8:30 a. m. to 12 m.; 1:30 p. m. Saturday, 8:30 a. m. to 12 m.; 1:30 p. m.

Genito-Urinary—Monday, 8:30 a. m. to 12 m.; Friday, 8:30 a. m. to 12 m.

Gynecology—Tuesday, 1:30 p. m.; Wednesday, 8:30 a. m.; Friday, 1:30 p. m.

Nose and Throat—Monday, 1:30 p. m.; Wednesday, 1:30 p. m.

Orthopedic (Class)—Monday, 2 p. m.; Friday, 10 a. m. to 12 m.

Eye—Wednesday, 1:30 p. m.

Stanford University Medical School, San Francisco

(Medical Clinics)

General Medicine—Wednesday, 11:30 a. m.

Obstetrics and Gynecology—Saturday, 11:30 a. m.

Clinico-Pathological Demonstrations—Monday, 11:30 a. m.

Colloquia at San Francisco Hospital

(Programs posted in Lane Medical Library and County Medical Society Library.)

Medical—Friday, 10 a. m.

Surgical—Thursday, 9 a. m.

University of California Hospital, San Francisco

Medicine—Ward rounds, daily, 10 a. m. to 12 m.; general staff rounds, Wednesday, 10 a. m. to 12 m.; amphitheater clinics, Saturday, 10 a. m. to 11 a. m.; clinical pathological conference, Saturday, 11 a. m. to 12 m.; out-patient clinics, daily; examination of apparently healthy adults, Thursday, 10 a. m. to 4 p. m.

Surgery—Operative, phone supervisor operating-room; ward rounds, Thursday, 10:30 a. m. to 12 m.; amphitheater clinics, Saturday, 9 a. m. to 10 a. m.; clinical pathological conference, Saturday, 11 a. m. to 12 m.; out-patient clinics, daily.

Pediatrics—Ward rounds, daily, 9 a. m. to 10 a. m.; general staff rounds, Friday, 9:30 a. m. to 11:30 a. m.; out-patient clinics, daily, mornings; asthma clinics, Monday, Wednesday and Friday afternoons; examination of apparently well babies, Wednesday, 2 p. m. to 4 p. m.

Obstetrics and Gynecology—Operative, phone supervisor operating-room; ward rounds, Monday, 9 a. m. to 10 a. m.; Friday, 9 a. m. to 10 a. m.

College of Medical Evangelists, Los Angeles

(Clinics at Los Angeles General Hospital)

Surgery—Monday, 8:30 a. m. to 9:45 a. m.; Tuesday, 8:30 a. m. to 9:45 a. m.; Friday, 8:30 a. m. to 11:15 a. m.

Medicine—Monday, 8:30 a. m. to 11:15 a. m.; Tuesday, 8:30 a. m. to 9:45 a. m.; Wednesday, 8:30 a. m. to 9:45 a. m.; Thursday, 8:30 a. m. to 12:30 p. m.

Conference—Friday, 8:30 a. m. to 9:45 a. m.

Pediatrics—Monday, 8:30 a. m. to 9:45 a. m.; Tuesday, 8:30 a. m. to 9:45 a. m.; Wednesday, 8:30 a. m. to 9:45 a. m.; Thursday, 8:30 a. m. to 11:15 a. m.

Obstetrics—Monday, 9:45 a. m. to 11:15 a. m.; Friday, 9:45 a. m. to 11:15 a. m.

Nervous and Mental—Tuesday, 8:30 a. m. to 11:15 a. m.

Tuberculosis—Friday, 9:45 a. m. to 11:15 a. m.

(Clinics at White Memorial Hospital, Los Angeles)

Surgery:

Clinics Monday, 8 a. m. to 12 m.

Clinical lecture Monday, 11:30 a. m. to 12:30 p. m.

Tonsillectomy Sunday, 8 a. m. to 12 m.

Tuesday, 8 a. m. to 12 m.

University of California, Los Angeles

The Los Angeles Medical Department of the Uni-

versity of California extends the courtesy of its clinics, which begin daily at 12 noon, for a period of three days. Physicians desiring such courtesy are given, on request, cards of admission by the superintendent of the dispensary.

Accredited Hospitals

The following accredited hospitals receive visiting physicians at operations, and furnish telephonic schedules of the day's work upon request:

Livermore—The Livermore Sanitarium.

Los Angeles—California Lutheran Hospital, Children's Hospital, Los Angeles County Hospital, St. Vincent's Hospital.

Oakland—Samuel Merritt Hospital.

San Diego—St. Joseph's Hospital.

San Francisco—Children's Hospital, French Hospital, Mary's Help Hospital, Mount Zion Hospital, St. Luke's Hospital, Southern Pacific General Hospital.

San Leandro—Alameda County Hospital.

MORE ABOUT THE FAMILY PHYSICIAN

In a consideration of the general practitioner it will be necessary to discuss the opportunities which he enjoys, and the problems and difficulties which beset him. In their work, not all general practitioners are resourceful and sure of themselves. This fault is due in some instances to inadequate early training, but in a majority of men it is due to laziness and failure to take advantage of the opportunities afforded all physicians. From the time of his graduation until he retires from work, the whole professional life of the physician affords opportunities to study morbid processes as evidenced by anatomic changes and altered function and so to manage and treat the patient that partial or complete restoration occurs—dependent, in part, on the nature of the malady. The physician who makes all possible use of his daily clinical opportunities learns something new and useful every remaining day of his professional life.

Membership in and active participation in the work of the county medical society is of great educational benefit to the physician. It affords personal contact with fellow-practitioners in the courteous discussion of medical subjects and professional problems, promotes mutual respect and good-will, and is a potent factor conducive to increased self-respect and self-reliance on the one hand, and to a decrease in the size of the hat, if imaginary megalomania makes one a nuisance to his fellows.

With due regard for the value and need of all the splendid ultrascientific laboratory and instrumental methods of physical and functional diagnosis in investigatory medical work, they are needed in the routine clinical care of not to exceed 20 per cent of all the patients of any urban or rural community. Unfortunately, many lay people have been made to believe and apparently a large number of physicians think that the routine application of the ultra-scientific methods of diagnosis is necessary in the majority of cases. The fact is that the diagnosis can be made in fully 80 per cent of all cases by a resourceful general practitioner who will efficiently use his brain, special senses, hands and an always available simple and inexpensive laboratory and instrumental equipment.

A majority of practitioners do not make written records of their patients: these are absolutely essential to accuracy in diagnosis and efficiency in practice. To obtain an efficient history and make a record require time. Many practitioners have told me they could not afford the time to do this. My own experience justifies the statement that this is a mistake. Accurately written records, brief though they be, properly filed to be available for future reference, are time-savers of the future weeks, months, and years.

The conscientious practitioner will make a careful, general physical examination of practically all

patients who seek his services. An occasional patient with a slight ailment, and especially those with slight injuries or lesions requiring surgical treatment, are exceptions. But with many patients the present complaint is often an expression of an older morbid process which has been disregarded by the patient or overlooked by the physician. Daily practice in technic and judgment is the program which every physician must follow to become a skilled diagnostician. The practitioner can gain much by observing others at work in organized clinics or by taking post-graduate courses in diagnosis, when these are available; but the efficiency of the practitioner in diagnosis is mainly dependent on his own industry and determination to make the most of his own clinical opportunities.

There is a growing custom in urban practice for general practitioners to have the routine laboratory examinations, such as urinalysis, blood estimations and other simple tests made and the results interpreted for them at the numerous available commercial laboratories. In my opinion, this is a great fault in practice; it would be quite as rational for the practitioner to depend on available organized clinics for the physical examinations and diagnosis of patients.

But whether one is a practitioner in the city or in the country, the economic conditions peculiar to each can be greatly improved by one's own efforts. The fundamental principle which each practitioner must adopt to overcome his economic embarrassment is to improve himself professionally. To accomplish this, I believe he must steadily follow the methods of clinical practice and other self-educational opportunities which I have outlined. I sincerely believe that, if he will do this, he will attract to himself a large number of patients, will receive more adequate financial reward, and will find real enjoyment in his work.

Many years ago an observing philosopher said: "The pathway to the door of the qualified man, desirous of giving honest, efficient service to the public, is worn smooth by the passage of many feet."

I believe that the preservation of the general practitioner, as the most important factor in the field of practice, is dependent, chiefly on himself. He must keep abreast of the advance of modern medical knowledge and practice, chiefly by his own efforts. If he strives to improve and help himself he will be successful; will justify his importance in the medical field, and will attract the ill and injured to his door because of his professional individual superiority as compared with men in narrower fields of practice, alone or in public or private groups.

The American family home has been and must continue to be the very foundation of this nation. Bolshevistic socialism, anarchy, and public discord cannot exist in a nation of family homes. The integrity and perpetuation of this nation is dependent chiefly on the maintenance of family life; and the continuance of the family home demands the preservation of the family physician, the general practitioner.—Frank Billings, M. D., Journal A. M. A.

The future of human civilization depends primarily upon the rearing of its children. These children will require more and more education to fit into this gradually enlarging scheme, but above all they will need health education so that they can gain personal comfort, release from suffering, and a longer period of productive life after the necessary prolonged periods required for adequate mental training. It will take at least another generation before a majority of us in any land can even think biologically. We cannot hope to control many eugenic factors, so that our efforts must be largely directed to changing the environment of the human animal.—Ray Lyman Wilbur, M. D.